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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000015005

1. Limited Liability Company's Name
HA PRODUCTIONS, LLC

2. Principal Office Address	3. Mailing Office Address
1543 S. Highland Ave.	1543 S. Highland Ave.
Suite, Apt. #, etc.: #299	Suite, Apt. #, etc.: #299
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33756 Country: USA	Zip: 33756 Country: USA

4. State/Country of Formation: Florida USA

5. Date Organized or Qualified To Do Business In Florida: 08/31/2001

6. FEI Number: 59-3757938 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Stephney Roder

Street Address (P.O. Box Number is Not Acceptable): 1404 Regal Road

Suite, Apt. #, Etc.:

City: Clearwater State: FL Zip Code: 33756

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: X Stephney A Roder Date: 1/22/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addressee of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Stephney Roder	1404 Regal Road	Clearwater, FL 33756
MGR	Robert Roder	1404 Regal Road	Clearwater, FL 33756

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: X Stephney A Roder Date: 1/22/04 Daytime Phone #: 727-449-2481

Typed or printed name of signing Managing Member/Manager: Stephney Roder

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TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

HA PRODUCTIONS, LLC

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